

DECLARATION AND POWER OF ATTORNEY

As below named inventors, we hereby declare:

THAT our residence, post office address and citizenship are as stated below next to our name.

THAT we believe we are an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **POLE REINFORCING STRUCTURES** the specification of which:

☒ [X] is attached hereto.

OR

☐ [] was filed on _____ as United States Application Number _____

THAT the subject matter of the

☐ [] attached amendment

OR

☐ [] amendment filed on (_____)

was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

THAT we do not know and do not believe that this invention was ever known or used in the United States of America before my or our invention or discovery thereof, or patented or described in any printed publication in any country before my or our invention or discovery thereof, for more than one year prior to this application.

THAT the invention was not in public use or on sale in the United States of America for more than one year prior to this application.

THAT this invention has not been patented or made the subject of an inventor's certificate issued before the date of the application in any country foreign to the United States of America on an application filed by us or my legal representatives or assigns more than twelve months before this application.

THAT we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

THAT we acknowledge the duty to disclose information of which we are aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56.

THAT no application(s) for patent or inventor's certificate on this invention or discovery has been filed by us or our legal representatives or assigns in a country foreign to the United States of America more than 12 months prior hereto, unless identified here: _____

NONE

THAT we hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Claimed?		Certified Copy Attached?	
			YES	NO	YES	NO
NONE						

THAT we hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)
NONE	

THAT we hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, we acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (If applicable)
NONE			

And as named inventors, we hereby appoint the following registered practitioners to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and with the resulting patent, individually and collectively:

Squire, Sanders & Dempsey L.L.P.
801 S. Figueroa Street, 14th Floor
Los Angeles, California 90017-5554

telephone number (213) 624-2500 (to whom all communications regarding the subject application are to be directed); and each practitioner thereof named below with Registration Numbers, and of the same address:

David B. Abel Reg. No. 32,394

and further appoint as associate practitioners, with right of revocation in the primary practitioners, the following:

William R. Bachand, Reg. No. 34,980 Lorinda J. Howland, Reg. No. 42,671 David B. Abel, Reg. No. 32,394 David E. Rogers, Reg. No. 38,287	Marc A. Sockol, Reg. No. 40,823 Douglas N. Larson, Reg. No. 29,401 Sung I. Oh, Reg. No. 45,583
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whose address is:

SQUIRE, SANDERS & DEMPSEY L.L.P
801 So. Figueroa St., 14th Fl.
Los Angeles, CA 90017-5554
Telephone: (213) 624-2500

Please direct all correspondence to:

David B. Abel, Esq.
Squire, Sanders & Dempsey L.L.P.
801 S. Figueroa Street, 14th Floor
Los Angeles, California 90017-5554

We hereby declare further that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Inventor's Signature _____

Date _____

Inventor's Name (typed) PETER YTTRUP
First Middle Family Name

Citizenship _____

Post Office Address _____

Residence (City) _____

(State/Foreign Country) _____ (Zip Code) _____

Inventor's Signature _____

Date _____

Inventor's Name (typed) CHRIS RANKINE
First Middle Family Name

Citizenship _____

Post Office Address _____

Residence (City) _____

(State/Foreign Country) _____ (Zip Code) _____

Inventor's Signature _____

Date _____

Inventor's Name (typed) _____
First Middle Family Name

Citizenship _____

Post Office Address _____

Residence (City) _____

(State/Foreign Country) _____ (Zip Code) _____